



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2018**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**McLaren Health Plan Community**

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston (Name)		(810)733-9678 (Area Code)(Telephone Number)(Extension)			
	rachel.hairston@mclaren.org (E-Mail Address)		(810)600-7947 (Fax Number)			

**OFFICERS**

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Cheryl Diehl	Assistant Treasurer
Kathleen Kudray, DO	Chief Medical Officer
Carol Solomon	Assistant Secretary
Kevin Tompkins	Chairman

**OTHERS**

Dennis LaForest, Enrollee Representative

**DIRECTORS OR TRUSTEES**

Nancy Jenkins	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Kathy Kendall	Carol Solomon	Cheryl Diehl
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Vice President	Assistant Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	7,280	4,942	967	263,236	263,236	13,189
Group Subscribers:						
STATE OF MICHIGAN .....	939,706					939,706
ETM ENTERPRISES .....	48,817					48,817
ORCHARD LAKE INVSTMT ASSOC .....	41,746					41,746
CROWN PLAZA LANSING WEST .....	24,825					24,825
C & L WARD BROS .....	21,082					21,082
EVOLVE TELE-SERVICES INC .....	20,270					20,270
DSG STAFFING .....	7,916	7,916				15,832
RIEGLE PRESS INC .....	15,497					15,497
ALMA TIRE SERVICE .....	14,885					14,885
POTENT POTABLES .....	10,351					10,351
COMO LLC .....	9,046					9,046
0299997 Subtotal - Group Subscribers: .....	1,154,140	7,916				1,162,056
0299998 Premiums due and unpaid not individually listed .....	65,528	11,473		1,655	1,655	77,001
0299999 TOTAL Group .....	1,219,668	19,389		1,655	1,655	1,239,058
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,226,948	24,332	967	264,891	264,891	1,252,247

**19 Exhibit 3 - Health Care Receivables . . . . . NONE**

**20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued . . . . . NONE**

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Unpaid</b>						
COVENANT MEDICAL CENTER .....	89,323					89,323
EW SPARROW HOSPITAL .....		83,925				83,925
LA PORTE HOSPITAL .....	13,559					13,559
MCLAREN REGIONAL MED .....	33,221					33,221
Red Cedar Surgery Center, PLLC .....	16,200					16,200
SELECT SPECIALTY HOSPITAL .....	59,275					59,275
Sparrow Hospital .....	22,924					22,924
SPECTRUM HEALTH BLOD .....	41,278					41,278
ST JOSEPH MERCY HOSPITAL .....		92,152				92,152
0199999 Total - Individually Listed Claims Unpaid .....	275,780	176,077				451,857
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	5,945,393	1,057,696	29,423	3,929	25,009	7,061,450
0499999 Subtotals .....	6,221,173	1,233,773	29,423	3,929	25,009	7,513,307
0599999 Unreported claims and other claim reserves .....						9,355,763
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						16,869,070
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						360,880

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTH PLAN .....	1,042,588					1,042,588	
MCLAREN HEALTH ADVANTAGE .....	65,866					65,866	
0199999 Total - Individually listed receivables .....	1,108,454					1,108,454	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	1,108,454					1,108,454	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
MCLAREN HEALTH PLAN .....	PROFESSIONAL SERVICES .....	1,173,545	1,173,545	
MCLAREN HEALTH ADVANTAGE .....	PROFESSIONAL SERVICES .....	685	685	
0199999 Total - Individually Listed Payables .....	X X X .....	1,174,230	1,174,230	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	1,174,230	1,174,230	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....	978,101	0.796				978,101
4. TOTAL Capitation Payments .....	978,101	0.796				978,101
Other Payments:						
5. Fee-for-service .....	5,750,285	4.682	X X X	X X X		5,750,285
6. Contractual fee payments .....	116,087,227	94.522	X X X	X X X	116,087,227	
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	121,837,512	99.204	X X X	X X X	116,087,227	5,750,285
13. TOTAL (Line 4 plus Line 12) .....	122,815,613	100.000	X X X	X X X	116,087,227	6,728,386

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS .....			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	28,075	2,727	25,348							
2. First Quarter	30,049	6,088	23,874	87						
3. Second Quarter	29,626	5,814	23,684	128						
4. Third Quarter	29,118	5,609	23,324	185						
5. Current Year	28,536	5,305	23,000	231						
6. Current Year Member Months	354,914	69,397	283,782	1,735						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	206,962	40,468	165,482	1,012						
8. Non-Physician	35,405	6,923	28,309	173						
9. TOTAL	242,367	47,391	193,791	1,185						
10. Hospital Patient Days Incurred	11,270	1,968	9,284	18						
11. Number of Inpatient Admissions	2,694	404	2,273	17						
12. Health Premiums Written (b)	145,835,456	34,998,421	110,585,058	251,977						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	145,835,456	34,998,421	110,585,058	251,977						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,815,613	22,822,738	99,858,641	134,234						
18. Amount Incurred for Provision of Health Care Services	127,320,648	24,970,268	102,123,601	226,780						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 14217

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	28,075	2,727	25,348							
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18. Amount Incurred for Provision of Health Care Services	127,320,648	24,970,268	102,123,601	226,780						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
11835 .....	04-1590940 .....	01/01/2018	PARTNERRE AMER INS CO .....	DE .....	1,005,531	.....
00000 .....	AA-9990032 .....	01/01/2018	US Dept of Hlth & Human Serv .....	DC .....	1,930	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					1,007,461	.....
2199999 Total - Accident and Health - Non-Affiliates .....					1,007,461	.....
2299999 Total - Accident and Health .....					1,007,461	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					1,007,461	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999) .....					1,007,461	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	SLEL	2,062,215						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,062,215						
1099999 Total - General Account - Authorized - Non-Affiliates							2,062,215						
1199999 Total - General Account Authorized							2,062,215						
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,062,215						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,062,215						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							2,062,215						

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums .....	2,062	2,029	1,285		
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	1,007	736	307		
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	36,037,054		36,037,054
2. Accident and health premiums due and unpaid (Line 15) .....	1,276,193		1,276,193
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,007,461		1,007,461
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	1,846,231		1,846,231
6. TOTAL Assets (Line 28) .....	40,166,939		40,166,939
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	16,869,071		16,869,071
8. Accrued medical incentive pool and bonus payments (Line 2) .....	360,880		360,880
9. Premiums received in advance (Line 8) .....	810,691		810,691
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	3,199,745		3,199,745
15. TOTAL Liabilities (Line 24) .....	21,240,386		21,240,386
16. TOTAL Capital and Surplus (Line 33) .....	18,926,552	X X X	18,926,552
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	40,166,939		40,166,939
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			



SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts	6  Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.1		00000	38-2643070				Hospital Health Care .....	.. MI .	... NIA ..	Pontiac Osteopathic Hospital DBA McLaren Oakland .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3136458				McLaren Physician Partners .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-1358053				The McLaren Flint Foundation .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	45-5567669				McLaren Hospitality House .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2689603				McLaren Lapeer Foundation .....	.. MI .	... NIA ..	Lapeer Regional Medical Center DBA McLaren Lapeer Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-1369611				McLaren Port Huron .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2777750				McLaren Port Huron Hospital Foundation .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2683251				Marwood Manor Nursing .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2467310				Parkview Property Management .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2491659				Willow Enterprises .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2988086				McLaren Medical Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3267121				Mid-Michigan Physicians .....	.. MI .	... NIA ..	McLaren Medical Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Homecare Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	46-3643089				Hospice and Homecare Foundation .....	.. MI .	... NIA ..	Visiting Nurse Services of Michigan DBA McLaren Homecare Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	95562	38-3252216			McLaren Health Plan .....	.. MI .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	14217	27-2204037			McLaren Health Plan Community .....	.. MI .	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	00000	91-2141720			Health Advantage Inc. ....	.. MI .	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000					McLaren Insurance Company LTD. ....	CYM	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	MDWise .....	95807	35-1931354			MDWise .....	.. IN .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	47-3192307				MDWise Medicaid Network .....	.. IN .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	82-4449304				McLaren Integrated HMO Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3426063				McLaren Caro Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation .....	.. MI .	... NIA ..	McLaren Caro Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI .	... NIA ..	McLaren Caro Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....
.....	.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	11,481,783	.....	.....	.....	11,481,783	.....
95848 ..	38-3383640 ..	MCLAREN HEALTH PLAN .....	.....	.....	.....	.....	7,167,337	.....	.....	.....	7,167,337	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	20,927	.....	.....	.....	20,927	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(11,474,004)	.....	.....	.....	(11,474,004)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	(7,196,042)	.....	.....	.....	(7,196,042)	.....
9999999 Control Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation: 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



14217201830600000 2018 Document Code: 306

Health Life Supplement - April



14217201821100000 2018 Document Code: 211

Supplemental Health Care Exhibit



14217201821600000 2018 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



14217201821700000 2018 Document Code: 217

LHA Guaranty Association Reconciliation



14217201829000000 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



14217201830000000 2018 Document Code: 300

Management's Report of Internal Control over Financial Reporting



14217201822300000 2018 Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Professional Development .....	75	321	1,127		1,522
2505. Bad Debt Expense .....	2,992	12,755	44,817		60,563
2506. Repairs .....					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	3,067	13,075	45,943		62,086



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended DECEMBER 31, 2018  
(To be filed by March 1)  
FOR THE STATE OF MICHIGAN



NAIC Group Code: 4700  
Address (City, State and Zip Code): Flint, MI 48532  
Person Completing This Exhibit: Rachel Hairston

NAIC Company Code: 14217  
Title: Director of Finance  
Telephone Number: (810)733-9678

Supp12 Michigan

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	MCLH-131185330	C	No	3,4,6	10/11/2017		12/11/2018		McLaren Medicare Supplement					9,957	4,503	45.2	9
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					137,750	140,564	102.0	105
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement - High Deductible					1,508			2
Yes	MCLH-131185330	G	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					85,032	77,528	91.2	100
Yes	MCLH-131185330	N	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					17,730	4,184	23.6	15
0199999 Total Experience on Individual Policies														251,977	226,780	90.0	231
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: G-3245 Beecher Road, Flint MI 48532
  - 2.2 Contact Person and Phone Number: Vicki Laney (810)733-9724
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: G-3245 Beecher Road, Flint MI 48532
  - 3.2 Contact Person and Phone Number: Vicki Laney (810)733-9724
- 4. Explain any policies identified above as policy type "O":

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